



Interventional Cardiology

CANGRELOR VERSUS CLOPIDOGREL ON A BACKGROUND OF UNFRACTIONATED HEPARIN - INSIGHTS FROM CHAMPION PHOENIX

Poster Contributions
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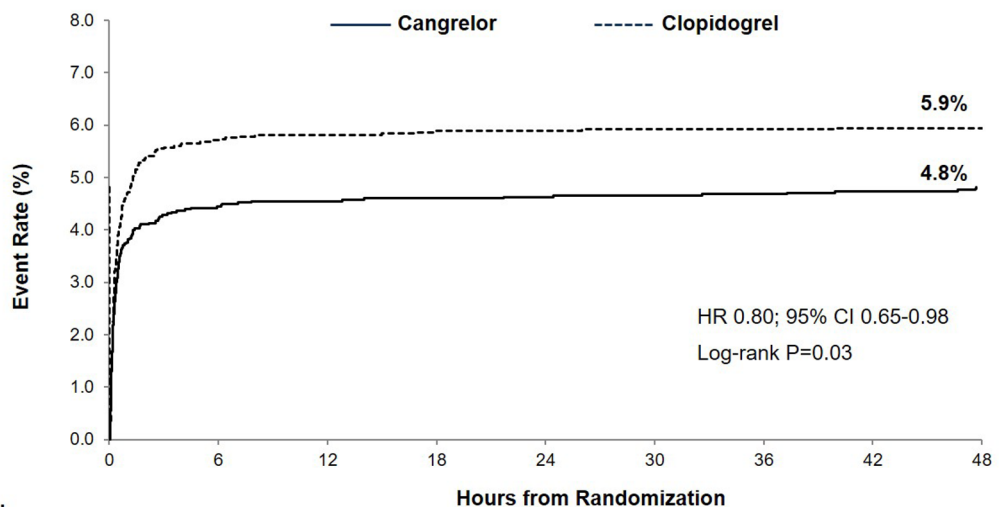
Background: Cangrelor is approved for use during percutaneous coronary intervention (PCI) and is administered with different intravenous anticoagulants.

Methods: We examined the efficacy and safety of cangrelor in the subgroup of patients who received unfractionated heparin for PCI in the mITT population of the randomized CHAMPION PHOENIX trial (cangrelor vs. clopidogrel; n=10,939). The primary efficacy endpoint was the composite of death, myocardial infarction, ischemia-driven revascularization, or stent thrombosis (ST) at 48h. The key secondary efficacy endpoint was ST.

Results: Heparin was used in 69.2% (7,566/10,939) of patients. PCI was performed for stable angina (55.6%), NSTEMI-ACS (26.6%), or STEMI (17.8%). In the unfractionated heparin subgroup, cangrelor reduced the primary composite efficacy endpoint at 48h compared to clopidogrel (4.8% vs. 5.9%; OR 0.80 [0.65-0.98]; P=0.03) [Figure]. Cangrelor consistently reduced ST at 2h (0.7% vs. 1.3%; OR 0.56 [0.35-0.90]; P=0.01) and 48h (0.9% vs. 1.4%; OR 0.70 [0.45-1.07]; P=0.10). There was no difference in GUSTO severe/life-threatening bleeding (0.1% vs. 0.1%; OR 1.24 [0.33-4.61]; P=0.75) or blood transfusion requirement at 48h (0.4% vs. 0.2%; OR 1.87 [0.83-4.21]; P=0.12). Results were consistent in stable angina, NSTEMI-ACS, and STEMI.

Conclusions: Cangrelor reduces early ischemic periprocedural complications without increasing severe bleeding compared with clopidogrel in patients undergoing PCI with unfractionated heparin.

Figure. Kaplan-Meier failure curves for the primary composite efficacy endpoint at 48h in heparin-treated patients in the CHAMPION PHOENIX trial



Patients at Risk	Hours from Randomization									
	0	6	12	18	24	30	36	42	48	
Cangrelor	3802	3633	3629	3626	3625	3624	3623	3620	3617	
Clopidogrel	3767	3551	3548	3545	3544	3543	3543	3542	3542	